

RADIOLOGIC TECHNOLOGIST FLUOROSCOPY PERMIT SCHOOL APPLICATION

BEFORE COMPLETING, PLEASE READ GENERAL PROVISIONS AND SPECIFIC PROVISIONS OF THE MINIMUM STANDARDS FOR RADIOLOGIC TECHNOLOGIST FLUOROSCOPY PERMIT SCHOOLS.

1. IDENTIFICATION

a. Name of school

b. Other names of school, if any

c. Address of school (number/street)

City

ZIP code

d. Mailing address—if different (number, street)

City

ZIP code

e. Administrative head

Title

f. Telephone number
()

Ext.

g. Director of X-ray course or program

Title

2. INITIAL APPLICATION

I/we wish to apply for approval as a fluoroscopy technologist permit school. Enclosed is an application fee in the amount of \$_____, which I/we understand is nonrefundable.

Make check or money order payable to: **Department of Health Services.**

3. Submit each of the following:

- ☐ a. Statement of the school's fiscal stability.
- ☐ b. Copy of "Authorization to Operate as a Private Postsecondary Educational Institution."
- ☐ c. Enrollment agreement.
- ☐ d. Copy of graduation certificate or diploma (mark "copy").
- ☐ e. Administrative policies.
- ☐ f. Forms for student record keeping and evaluation.
- ☐ g. Copy of the school's catalog, pamphlet, or brochure.
- ☐ h. List of instructional materials and educational equipment.
- ☐ i. List of laboratory equipment and accessories.
- ☐ j. List of textbooks and handouts to be used in the course.
- ☐ k. Curriculum vitae for each faculty member.
- ☐ l. Fluoroscopy curriculum and course outline.
- ☐ m. List of laboratory experiments each student will have to perform.
- ☐ n. Instructor notes for the entire course.
- ☐ o. Sample examination questions and at least one complete midterm and final.
- ☐ p. Other (please specify other documents submitted): _____

Print name

Title

Signature

Date

Print name

Title

Signature

Date

4. **ORGANIZATION—SEE STANDARD I**

Indicate type of school

☐ Public community or junior college

☐ Private school

☐ Hospital

☐ Other (explain): _____

Indicate teaching time

☐ Day school only

☐ Evening school only

☐ Both day and evening school

☐ Weekends only

☐ Quarter system

☐ Semester system

☐ Other (explain) _____

5. **FISCAL STABILITY—SEE STANDARD II**

Indicate how the school will meet its fiscal obligations:

6. **ADMISSION REQUIREMENTS—SEE STANDARD III**

Indicate school's admission policies:

7. **ADMINISTRATIVE POLICIES—SEE STANDARD IV**

Are the school's administrative policies clearly stated in writing?

☐ Yes

☐ No

Are administrative policies given to each student enrolled in the school?

☐ Yes

☐ No

8. **GRADUATION REQUIREMENTS—SEE STANDARD V**

State school's graduation requirements:

9. **RECORDS—SEE STANDARD VI**

State school's student record keeping policies:

10. **ADVERTISEMENT—SEE STANDARD VII**

Does the school advertise? ☐ Yes ☐ No

If yes, please explain how and where:

Does the school issue a catalog, pamphlet, or brochure explaining in detail the school's fluoroscopy course?

☐ Yes ☐ No Date last revised: _____

11. **TRANSFER CREDITS—SEE STANDARD VIII**

State the school's policy concerning the acceptance of transfer credits:

12. **PRIVATE SCHOOL APPROVAL—SEE STANDARD IX**

Does the school have "Authorization to Operate as a Private Postsecondary Educational Institution" issued by the California State Department of Education, Office of Postsecondary Education?

☐ Yes

Document number: _____

Issue date: _____

Expiration date: _____

California Education Code section upon which the authorization was issued: _____

☐ No

Date the Office of Postsecondary Education application was submitted: _____

13. **FACILITIES—SEE STANDARD X**

Describe room(s) used for classroom instruction (indicate number, size, and use):

13. **FACILITIES—SEE STANDARD X (CONTINUED)**

Describe room(s) used for laboratory purposes (indicate type of equipment and provide the Department of Health Services, Radiologic Health Branch registration number[s]):

14. **INSTRUCTIONAL RESOURCES—SEE STANDARD XI**

List reference books available to students; list audiovisual and similar aids and/or equipment available to the instructors and students:

15. **FACULTY—SEE STANDARD XII**

List names, degrees, academic titles, and credentials or licenses of all instructors:

| Name | Degree | Academic Title | Credential/License |
|------|--------|----------------|--------------------|
| a. | | | |
| b. | | | |
| c. | | | |
| d. | | | |

16. **STUDENT BODY—SEE STANDARD XIII**

Indicate the school's faculty to student ratio: _____

17. **COURSE OUTLINES, LECTURE, OR TEACHER NOTES—SEE STANDARD XIV**

Do all faculty members use course outlines? ☐ Yes ☐ No

If no, please explain:

17. **COURSE OUTLINES, LECTURE, OR TEACHER NOTES—SEE STANDARD XIV (CONTINUED)**

Do all faculty members have lecture or instructor notes for the portion of the curriculum they are teaching?

☐ Yes ☐ No

If no, please explain:

18. **FLUOROSCOPY PERMIT SCHOOL CURRICULUM—SEE STANDARD XV**

Indicate subjects taught and minimum hours of instruction for each subject:

| Subject | Hours of Instruction |
|---|----------------------|
| <input type="checkbox"/> Fluoroscopy regulations and radiation safety | |
| <input type="checkbox"/> Fluoroscopy equipment | |
| <input type="checkbox"/> X-ray image intensifiers | |
| <input type="checkbox"/> Television, including closed circuit equipment | |
| <input type="checkbox"/> Image recording | |
| <input type="checkbox"/> Special fluoroscopic and ancillary equipment | |
| <input type="checkbox"/> Mobile image intensified units | |
| <input type="checkbox"/> Anatomy and physiology of the eye | |
| <input type="checkbox"/> Three-dimensional and radiological anatomy | |
| <input type="checkbox"/> Other (specify) | |
| <input type="checkbox"/> Other (specify) | |
| TOTAL HOURS | |

19. **LABORATORY CURRICULUM—SEE STANDARD XVI**

Indicate laboratory experiments each student will have to perform regarding methods of reducing dose to patients during fluoroscopy procedures:

Indicate laboratory experiments each student will have to perform regarding methods of reducing exposure to self and personnel:

Indicate experiments each student will have to perform using image recording equipment:

19. **LABORATORY CURRICULUM—SEE STANDARD XVI (CONTINUED)**

Indicate experiments each student will have to perform regarding fluoroscopy equipment quality control:

20. **ATTESTATION**

OATH: I certify to the best of my knowledge and understanding that the foregoing is true and accurate and that the school meets the standards stipulated by California laws relating to Radiologic Technologist Fluoroscopy Permit schools and the implementing regulations.

Signature of administrative head or the director of the school

Title

Date



Mail completed form to: California Department of Health Services
Radiologic Health Branch, MS 7610
Certification Unit
P.O. Box 997414
Sacramento, CA 95899-7414

For more information, go to www.dhs.ca.gov/rhb or phone (916) 327-5106.